

17224-6-190
07/25/03

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: 9792909-5648

First Named Inventor: R. Suzuki et al.

Title: SOLID-STATE IMAGE SENSOR WITH FIXED PATTERN NOISE REDUCTION

Express Mail Label No. EV342110209US

Date of Deposit: July 25, 2003

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																
1. <input checked="" type="checkbox"/> This Form includes the Fee Transmittal (See Box 19) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27) 3. <input checked="" type="checkbox"/> Specification [Total Pages 38] 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 11] 5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages 3] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R in duplicate; or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 																																
ACCOMPANYING APPLICATION PARTS																																		
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified copy of _____ Priority Document: Document No. _____, filed on _____. 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Certificate of Express Mail; Copy of Recorded Assignment of Parent Application; copy of coversheet of Japanese priority document</u>																																		
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <i>of prior application no.: 09/134,153</i> Prior application information: Examiner Name: <u>M. Rosendale</u> Group Art Unit: <u>2612</u>																																		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																		
19. FEE CALCULATIONS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">CLAIMS</th> <th style="text-align: left; padding: 2px;">(1) FOR</th> <th style="text-align: left; padding: 2px;">(2) NUMBER FILED</th> <th style="text-align: left; padding: 2px;">(3) NUMBER EXTRA</th> <th style="text-align: left; padding: 2px;">(4) RATE</th> <th style="text-align: left; padding: 2px;">(5) BASIC FEE</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px; background-color: #cccccc;">TOTAL CLAIMS</td> <td style="text-align: left; padding: 2px;">1</td> <td style="text-align: left; padding: 2px;">0</td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">\$18.00</td> <td style="text-align: left; padding: 2px;">\$0</td> </tr> <tr> <td style="text-align: left; padding: 2px; background-color: #cccccc;">INDEPENDENT CLAIMS</td> <td style="text-align: left; padding: 2px;">1</td> <td style="text-align: left; padding: 2px;">0</td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">\$84.00</td> <td style="text-align: left; padding: 2px;">\$0</td> </tr> <tr> <td style="text-align: left; padding: 2px; background-color: #cccccc;">ANY MULTIPLE DEPENDENT CLAIMS?</td> <td style="text-align: left; padding: 2px;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">\$280.00</td> <td style="text-align: left; padding: 2px;">\$0</td> </tr> <tr> <td style="text-align: left; padding: 2px; background-color: #cccccc;"></td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;"></td> <td style="text-align: left; padding: 2px;">SUBTOTAL</td> <td style="text-align: left; padding: 2px;">\$750.00</td> </tr> </tbody> </table>					CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE	TOTAL CLAIMS	1	0		\$18.00	\$0	INDEPENDENT CLAIMS	1	0		\$84.00	\$0	ANY MULTIPLE DEPENDENT CLAIMS?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			\$280.00	\$0					SUBTOTAL	\$750.00
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a. <input checked="" type="checkbox"/> In connection with this application, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. A duplicate copy of this sheet is enclosed. b. <input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of \$750.00 covers the total claim fee.																																		
20. <input checked="" type="checkbox"/> CUSTOMER NO. 26263 Dated: <u>July 25, 2003</u>																																		
SIGNATURE:  David Rozenblatt (Reg. No. 47,044)																																		

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Applicant(s): R. Suzuki et al.

Attorney Docket No. 9792909-5648

Transmittal (1 page - in duplicate)

Certificate of Express Mail

Credit Card Payment Form (1 page - in duplicate)

Preliminary Amendment (4 pages)

Specification (38 pages)

Drawings (11 sheets - Figs 1-15)

Copy of Declaration from parent application

Copy of recorded assignment from parent application

Copy of coversheet of Japanese Priority Document

Return postcard



Signature of Person Mailing Application and Fees